



# California Department of Health Care Services PASRR Facility Training

# What is PASRR?

## **PASRR:**

Pre-Admission Screening and Resident Review

- Required by law per 42 CFR 483.100-483.138

## **Goal of PASRR:**

To determine if individuals with serious mental illness (SMI) and/or intellectual/developmental disability (ID/DD) or related conditions (RC) require the need for:

- Nursing Facility (NF) services (considering the least restrictive setting)
- Specialized services

## **Achieved by:**

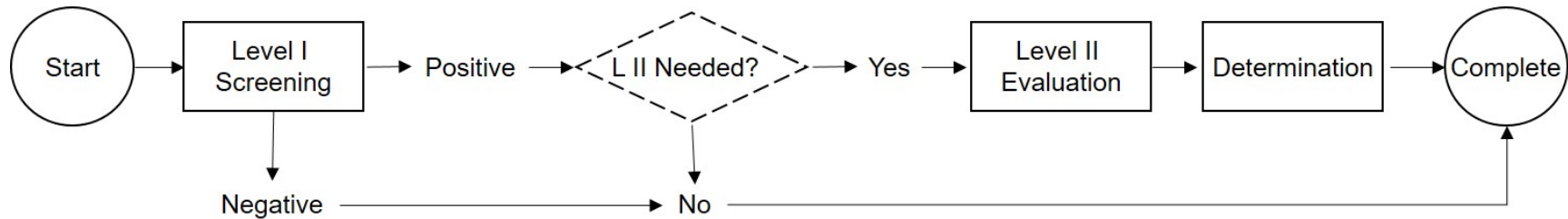
Level I screening

- Tool that helps identify possible SMI and/or ID/DD/RC

Level II evaluation

- Determines placement & specialized services
- Department of Health Care Services (DHCS) is responsible for SMI Level II evaluations/determinations
- Department of Developmental Services (DDS) is responsible for ID/DD/RC evaluations/determinations

# PASRR Process



## The whole PASRR process is required:

Prior to an individual being admitted into a Medicaid-certified nursing facility

- Regardless of the individual's insurance type

## Pre-Admission compliance:

Currently, California PASRRs are done post-admission

- DHCS is working with Centers for Medicare & Medicaid Services (CMS) to reach pre-admission compliance

# When is PASRR Required?

There are two types of Level I screenings:

Initial Pre-Admission Screening (PAS)	Resident Review (RR) (Status Update)
<p>Required for all <b>new admissions</b></p> <ul style="list-style-type: none"><li>• Day of admission</li></ul> <p><b>New admission:</b></p> <ul style="list-style-type: none"><li>• Individual who has never been admitted to your facility before; <b><u>OR</u></b></li><li>• Individual who does not qualify as a <b>readmission</b></li></ul>	<p>Required for all <b>readmissions</b> and current nursing facility residents who experience a <b>significant change</b> in their mental or physical condition</p> <ul style="list-style-type: none"><li>• As soon as the change is discovered</li></ul> <p><b>Significant change:</b></p> <ul style="list-style-type: none"><li>• A decline or improvement in an individual's condition that requires revision of the care plan and/or level of care</li></ul> <p><b>Readmission:</b></p> <ul style="list-style-type: none"><li>• Those already admitted to your facility;</li><li>• Leave to the hospital to receive care with return anticipated; <b><u>AND</u></b></li><li>• Return to your facility</li></ul>

# Who should submit the Level I screening?

The facility is responsible for designating qualified staff for submitting the Level I screening .It is recommended that qualified staff submitting the Level I screening have:

- ✓ Knowledge of medical terminology
- ✓ Knowledge related to the medical history and current status of the resident
- ✓ Secure facility email address to avoid any HIPAA violations

DHCS does not limit the number of qualified staff a facility can enroll or have in each role in the online PASRR system. It is recommended that a facility have **at least** two Admin roles for the facility.

**The two types of roles are:**

User Role	Admin Role
<ul style="list-style-type: none"><li>• Can create new Level I screenings</li><li>• Can edit <b><u>only</u></b> their 'in progress' screenings</li><li>• Can view <b><u>only</u></b> their submitted screenings</li><li>• Can print <b><u>only</u></b> their submitted screenings and letters</li></ul>	<ul style="list-style-type: none"><li>• Can create new Level I screenings</li><li>• Can edit <b><u>all</u></b> 'in progress' screenings for the facility</li><li>• Can view <b><u>all</u></b> submitted screenings for the facility</li><li>• Can print <b><u>all</u></b> submitted screenings and letters for the facility</li></ul>

# Resident Identification

## Questions 1-6

### Question 1. Date Started

- Auto Populates
- Can't be edited or backdated
- Date used for reimbursement

### Question 2. Screening Type

- PAS is for new admissions
- RR is for status updates
- If RR is selected, then the admission date is the original date of admission

### Question 6. Physical Diagnosis

- List **current** conditions

The screenshot shows the 'PASRR Level I' form, specifically the 'Resident Identification' section. At the top, a progress bar indicates six steps: 1. Resident Identification (active), 2. Resident Information, 3. Facility Completing Level I, 4. 30-Day Exempted Hospital Discharge, 5. Categorical Determination, and 6. MI Screen. The form fields include: 1. Date Started (05/13/2019), 2. Screening Type (radio buttons for Initial Preadmission Screening (PAS) and Resident Review (RR) (Status Change)), 3. Resident Identification (Last Name, First Name, Middle Name, and Date Of Birth), 5. What type of bed is the resident currently residing in? (radio buttons for General Acute Care Hospital, Skilled Nursing Facility, Other - specify, Psychiatric Health Facility (PHF), Acute Psychiatric Hospital/ Unit, Rehabilitation/ Hospital, STP/ IMD, Group Home/ Assisted Living, and ICF/ ID), and 6. Physical diagnosis at time of transfer/admission to Nursing Facility (a text box with a placeholder 'Enter "None" if no physical diagnosis'). At the bottom right, there are 'Prev' and 'Next' buttons.

# Resident Information

## Questions 7-13

This section helps identify if an interpreter is needed. Please notify the DHCS PASRR contractor if an interpreter is needed when they call to schedule the Level II due to a positive (SMI) Level I screening.

### Questions 9 & 10

- The primary language spoken and if an interpreter is needed

The screenshot shows the 'PASRR Level I' form, specifically the 'Resident Information' section. At the top, a progress bar indicates six steps: 1. Resident Identification (completed), 2. Resident Information (current step), 3. Facility Completing Level I, 4. 30-Day Exempted Hospital Discharge, 5. Categorical Determination, and 6. MI Screen. Below the progress bar, the form contains the following fields:

PASRR CID 200-007-789	Last Name Training	First Name Example	Middle Initial	DOB 05/13/2019
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**Resident Information**

7. Gender:  ☒

8. Marital Status:  ☒

9. Primary Language Spoken:  ☒

10. Language Interpreter Needed?: ☐ Yes ☐ No

11. Hearing Impaired?: ☐ Yes ☐ No

At the bottom right, there are two green buttons: 'Prev' and 'Next'.

### Questions 11-13

- If hearing impaired, list the type of interpreter needed

#### TAKE NOTE:

This is when the PASRR CID# is automatically assigned and the case status is now 'in progress'.

- 'In progress' cases can be edited (pencil icon) from the Dashboard or Level I Cases list
- Unsubmitted screenings left 'in progress' will be deleted from the PASRR system **after 2 weeks**

# Facility Completing Level I

Questions 14-16

## Question 14. Facility Details

- Auto populates
- If this is not your facility, please stop and contact PASRR IT Service Desk.

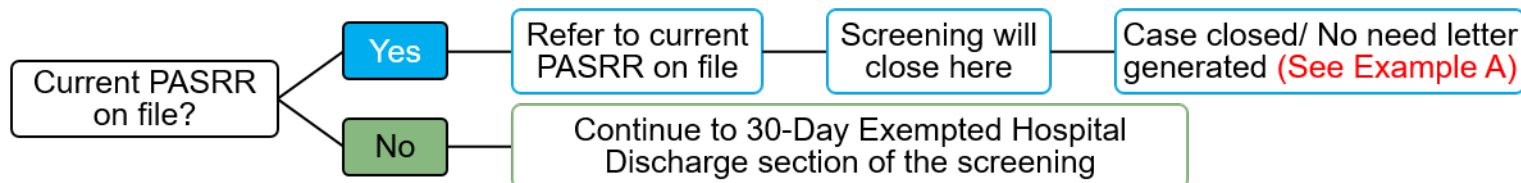
Email: [ITServiceDesk@dhcs.ca.gov](mailto:ITServiceDesk@dhcs.ca.gov)

Phone: (916) 440-7000 and select option 1

## Question 16. Current PASRR

- Prevents duplicate screenings at your facility, for the same individual with the same admission date
- Not required for RR

The screenshot shows the 'Facility Completing Level I' form. At the top, a progress bar indicates the current step is 3, 'Facility Completing Level I'. The form includes fields for PASRR CID (200-007-789), Last Name Training, First Name Example, Middle Initial, and DOB (05/13/2019). Below this, the 'Facility Completing Level I' section contains '14. Facility Details' with fields for Facility Name (KAISER FOUNDATION HP/REHAB-VALLEJO), Address (975 SERENO DRIVE), City (VALLEJO), State (CA), and Zip code (94590). It also includes fields for Name of Person Completing Form (NFAdmin1, NFAdmin1), Phone (707) 651-1000, Fax, and E-mail Address. Questions 15 and 16 are visible at the bottom, both with 'Yes' and 'No' radio buttons. Question 15 asks 'Is the resident returning to a NF after a brief hospital stay?' and Question 16 asks 'Is there a current PASRR on file for this resident with no significant change in condition? If no, go to the next section.' Navigation buttons 'Prev' and 'Next' are at the bottom right.



(Question #16.)



# 30-Day Exempted Hospital Discharge

## Questions 17A-18D

### Questions 17A-18C

Only true exemption to the PASRR process.

- I. The individual is discharged from the hospital into a Medicaid NF; **AND**
- II. The individual requires NF services for the same condition as the hospital stay; **AND**
- III. An attending physician certifies that the individual will be staying less than 30 days

PASRR Level I

Resident Identification   Resident Information   Facility Completing Level I   **30-Day Exempted Hospital Discharge**   Categorical Determination   MI Screen

PASRR CID: 200-007-789   Last Name: Training   First Name: Example   Middle Initial:   DOB: 05/13/2019

**30-Day Exempted Hospital Discharge**

17.a. ☐ Yes ☐ No Has the resident been admitted from a hospital after receiving acute inpatient care and requires NF convalescent or rehabilitation services related to the condition for which they received care in the hospital?

17.b. ☐ Yes ☐ No Will the resident's stay at your facility likely to require less than 30 days of NF services?

18.a. ☐ Yes ☐ No Has the attending physician certified before/upon admission to the NF that the resident is likely to require less than 30 days of NF services?

18.b. Enter Physicians Name (for example 'Dr. John Smith')

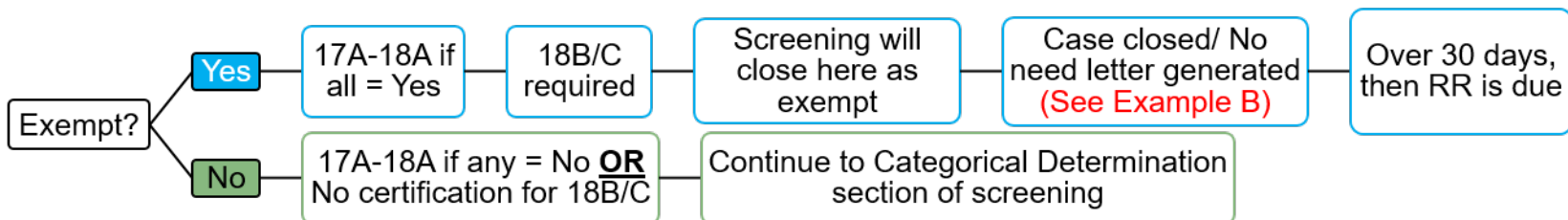
18.c. ☐ I acknowledge that the information entered in 18a and 18b (if applicable) is true. \*

18.d. Date new Level I Due (Day 31 after admission)

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### Question 18D

- Date a new RR (status update) is due if individual stays over 30 days
- PASRR online system does not alert/notify when a RR is due
- RR should be completed no later than the 40<sup>th</sup> day of admission



# Neurocognitive/Categorical Determination

## Questions 19A-25

This section helps identify when an individual cannot benefit from specialized services due to one of these categorical reasons.

### Question 19A

- Is there a suspected or diagnosed neurocognitive disorder (NCD)?

### Questions 19B/C

- Due to the **severity** of the NCD, will the individual have difficulty communicating their needs?

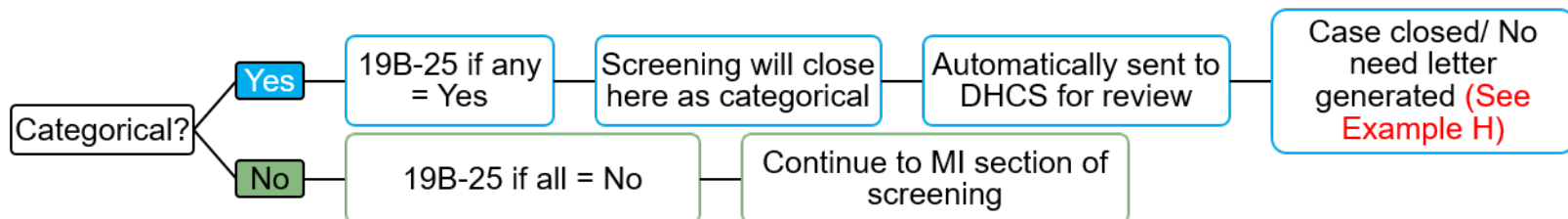
PASRR Level I					
Resident Identification		Resident Information		Facility Completing Level I	
PASRR CID	200-007-789	Last Name	Training	First Name	Example
		Middle Initial	DOB		
				05/13/2019	
Neurocognitive/Categorical Determination					
19.a.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Is there a diagnosis or other evidence of a neurocognitive disorder, e.g., Alzheimer's Disease, Traumatic Brain Injury, Cerebrovascular Disease, CVA, TIA, other dementias, etc?			
19.b.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Does the individual have serious difficulty communicating their needs, responding appropriately to direct questions, or otherwise engaging in a meaningful verbal interaction as a result of a cognitive deficit?			
20.a.	<input type="radio"/> Yes <input type="radio"/> No	<b>Terminal Illness</b> The resident has a terminal illness as defined for hospice purposes in §418.3, CFR, Title 42, Part 483. The attending physician certified the resident's life expectancy is less than six months.			
21.a.	<input type="radio"/> Yes <input type="radio"/> No	<b>Severe Physical Condition</b> The resident has a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, or congestive heart failure which results in a level of impairment so severe that the resident could not be expected to benefit from specialized services.			
22.	<input type="radio"/> Yes <input type="radio"/> No	Does the resident require protective services resulting in a stay of less than 7 days?			
23.	<input type="radio"/> Yes <input type="radio"/> No	Is the resident on a Welfare and Institutions Code 5150? (Stay is not expected to exceed 72 hours).			
24.	<input type="radio"/> Yes <input type="radio"/> No	Is the resident on a Welfare and Institutions Code 5250? (Stay is not expected to exceed 14 days).			
25.	<input type="radio"/> Yes <input type="radio"/> No	Is the resident being admitted to provide temporary respite for the in-home caregiver (respite case less than 15 days)? (CA Health & Safety Code, Section 1418.1)			
<div> <span>← Prev</span> <span>Next →</span> </div>					

### Questions 20A/B Terminal Illness

- Is the individual on hospice care?

### Questions 21A/B Physical Condition

- Due to the **severity** of a physical condition, will the individual have difficulty communicating their needs?



# Mental Illness (MI)

Questions 26-28

## Question 26. Diagnosed MI

- Is there a diagnosis of mental illness?

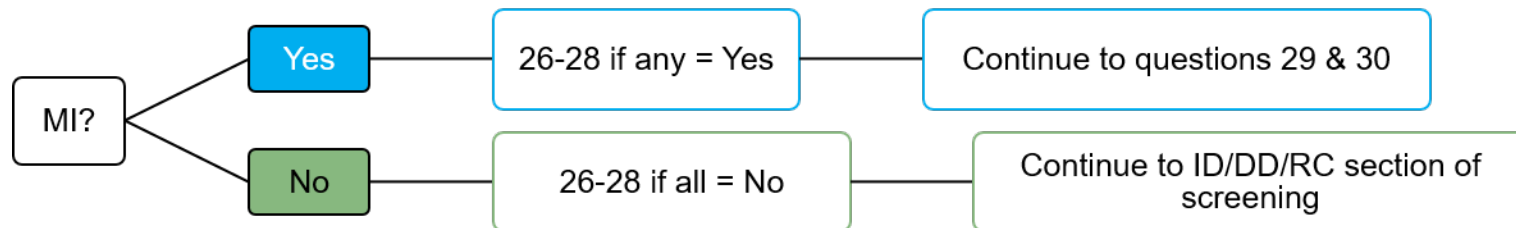
## Question 27. Suspected MI

- If no diagnosis, do you suspect a mental illness?

## Question 28. Psychotropic Medication

- List all names of psychotropic medication, regardless of what the intended use is for

PASRR Level I					
Resident Identification		Resident Information		MI Screen	
PASRR CID	Last Name	First Name	Middle Initial	DOB	
200-007-789	Training	Example		05/13/2019	
<b>Mental Illness (MI)</b>					
<b>Diagnosed Mental Illness</b>					
26.	<input type="radio"/> Yes <input type="radio"/> No	Does the resident have a diagnosed mental disorder such as Schizophrenia/Schizoaffective Disorder, Psychotic/Psychosis, Delusional, Depression, Mood Disorder, Bipolar, or Panic/Anxiety?			
<b>Suspected Mental Illness</b>					
27.	<input type="radio"/> Yes <input type="radio"/> No	After observing the resident or reviewing their records, do you believe the resident may be experiencing serious depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, or significantly unusual behaviors not considered normal in their current circumstances?			
<b>Psychotropic Medication</b>					
28.	<input type="radio"/> Yes <input type="radio"/> No	Has the resident been prescribed psychotropic medications?			



# Mental Illness (MI) (Cont.)

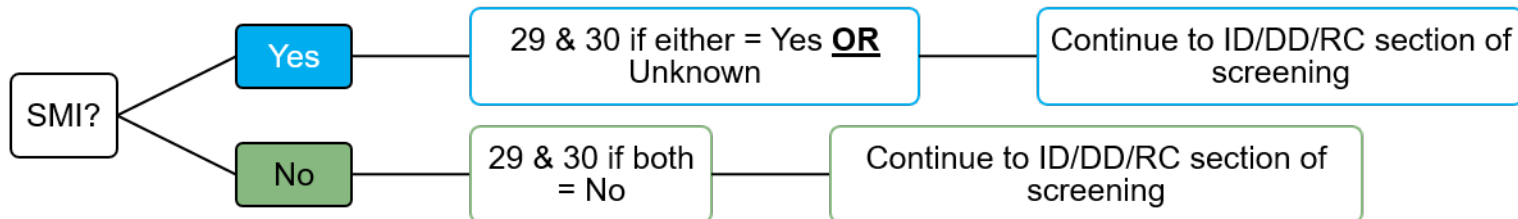
Questions 29-30

## Questions 29 & 30 Recent Functional Limitations

- Indicators for **serious** mental illness (SMI)
- Assess if MI is impacting daily activities

Recent Functional Limitations	
29. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<p>In addition, the mental health disorder results in functional limitations in major life activities within the <b>past 6 months</b>. For example, the resident is no longer able to meet work demands, interact with family and friends, or attend medical appointments due to anxiety, depression, or bizarre thought processes, etc. A resident typically has serious difficulty in at least one of the following characteristics on a continuing or intermittent basis:</p> <p><b>Interpersonal Functioning</b> Interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.</p> <p><b>Concentration, Persistence, and Pace</b> Sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.</p> <p><b>Adaptation to Change</b> The resident has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.</p>
30. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<p>The recent treatment history indicates that the resident, within the last two years, has experienced at least one of the following:</p> <ul style="list-style-type: none"><li>• Psychiatric treatment more intensive than outpatient care (e.g., hospitalization or other acute intervention).</li><li>• (Due to the mental disorder) an episode of significant disruption to the normal living situation requiring supportive services, relocation to a residential treatment environment, or intervention by a housing authority or law enforcement.</li><li>• Suicide attempts.</li></ul>

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# Intellectual/Developmental Disability or Related Conditions (ID/DD/RC)

Questions 31-36

This section helps identify if there is a suspected developmental disability. If yes, then it is automatically sent to the California Department of Developmental Services (DDS). Please contact DDS for questions related to this section.

**DDS Phone:** (916) 654-2300

PASRR Level I

7 ID/DD/RC Screen 8 Substance Use 9 Conservatorship

PASRR CID 200-007-789	Last Name Training	First Name Example	Middle Initial	DOB 05/13/2019
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**Intellectual or Developmental Disability (ID)/(DD) or Related Condition (RC)**

31. ☐ Yes ☐ No ☐ Unknown Does the resident have or is suspected of having a primary diagnosis of ID/DD/RC?

32. ☐ Yes ☐ No ☐ Unknown Does the resident have a history of a substantial disability prior to the age of 22?

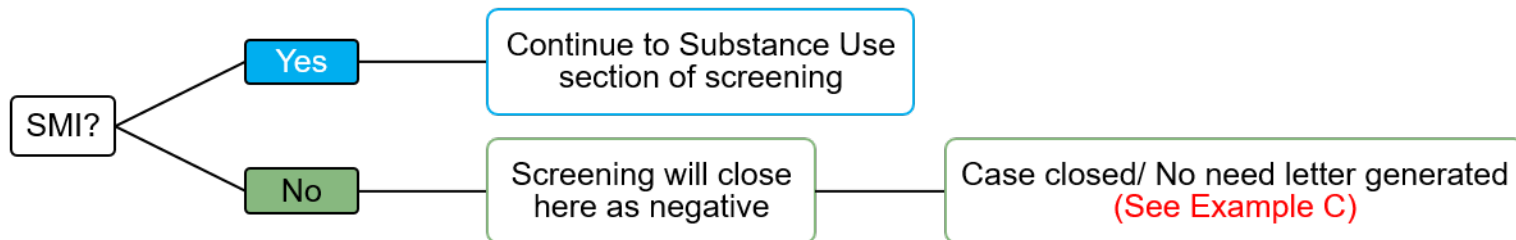
33. ☐ Yes ☐ No ☐ Unknown Is the resident a consumer of Regional Center Services?

34. ☐ Yes ☐ No ☐ Unknown Is the resident a consumer of any ID/DD service, past or present, other than Regional Center Services?

35. ☐ Yes ☐ No ☐ Unknown Has the resident ever been referred to Regional Center Services?

36. ☐ Yes ☐ No ☐ Unknown As a result of ID/DD, does the resident experience functional limitations? Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, capacity for living independently.

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# Substance Use Disorder

Questions 37-38

This section is only required for a positive (SMI) screening. If negative, the screening will close after the ID/DD/RC section.

PASRR Level I

✓

8

9

ID/DD/RC Screen

Substance Use

Conservatorship

PASRR CID 200-007-789	Last Name Training	First Name Example	Middle Initial	DOB 05/13/2019
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Substance Use Disorder

37.

☐ Yes

☐ No

☐ Unknown

Alcohol

38.

☐ Yes

☐ No

☐ Unknown

Drug

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# Conservatorship

## Question 39

This section is only required for a positive (SMI) screening. If negative, the screening will close after the ID/DD/RC section.

It is the facility's responsibility to notify everyone involved in the individual's health care plan of a scheduled Level II evaluation.

PASRR Level I

✓

✓

9

ID/DD/RC Screen

Substance Use

Conservatorship

PASRR CID	Last Name	First Name	Middle Initial	DOB
200-007-789	Training	Example		05/13/2019

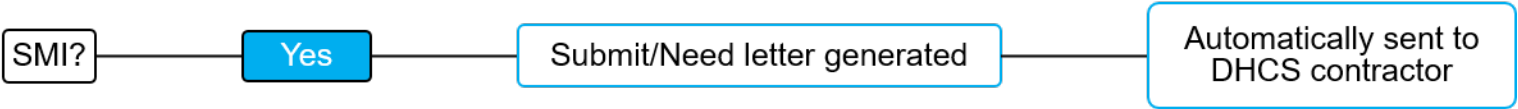
Conservatorship (Court Appointed)

Power of Attorney (medical/fiduciary) is not a conservatorship

39. ☐ Yes ☐ No Does the resident have a Conservator?

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# Level I Corrections

Level I screening should always match the minimum data set (MDS)

- Recommend during facility's annual or quarterly reviews of the MDS check to see if a status update (RR) is needed

Level I screening cannot be edited once **submitted**, even by DHCS.

## **If you need to make corrections to a submitted Level I screening:**

Minor demographic information (name, birthdate, etc.)

- Make handwritten corrections and initial on printed Level I screening (for your records and TAR submissions)

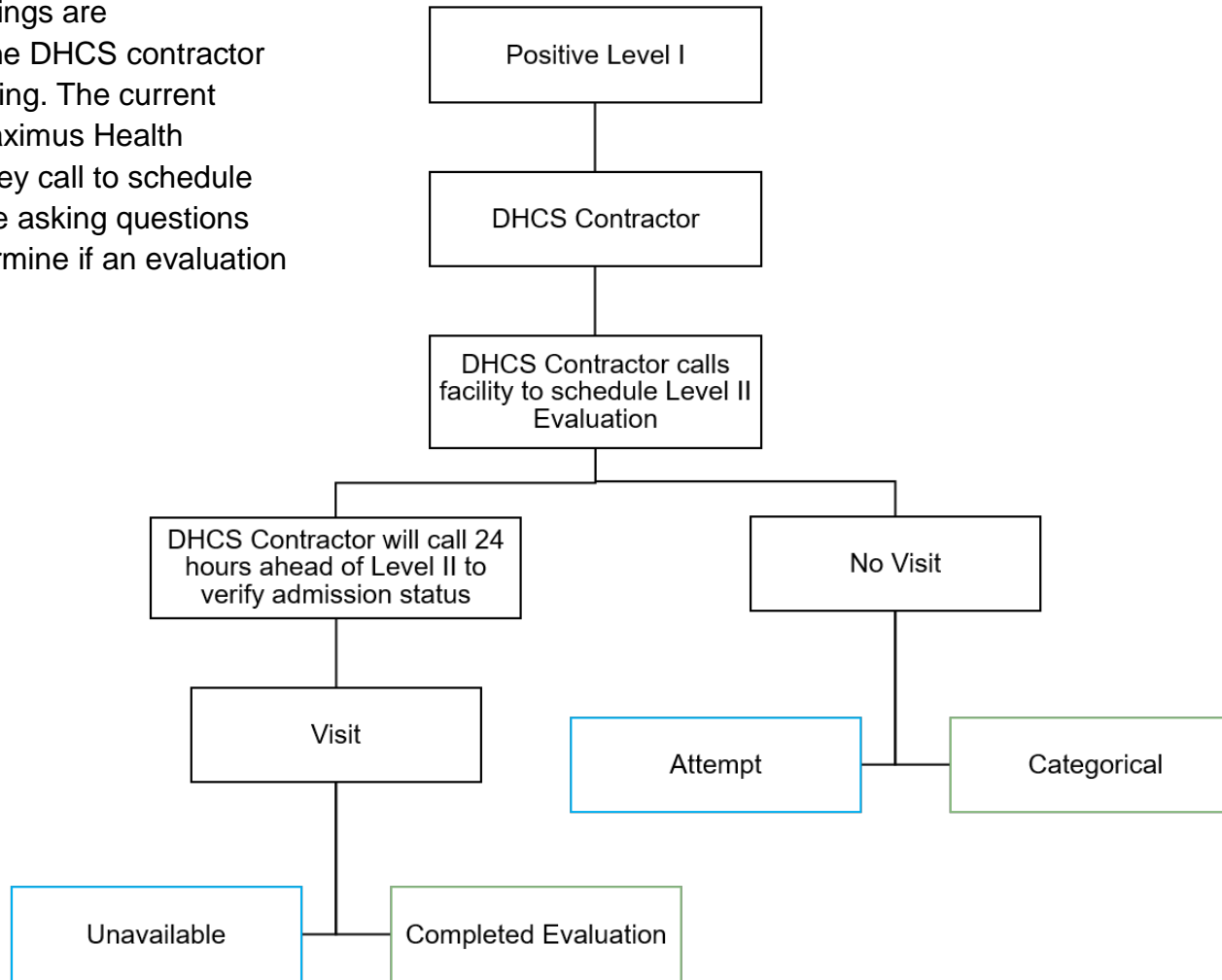
Major demographic and/or clinical information

- Submit a new screening as a Resident Review (status update)



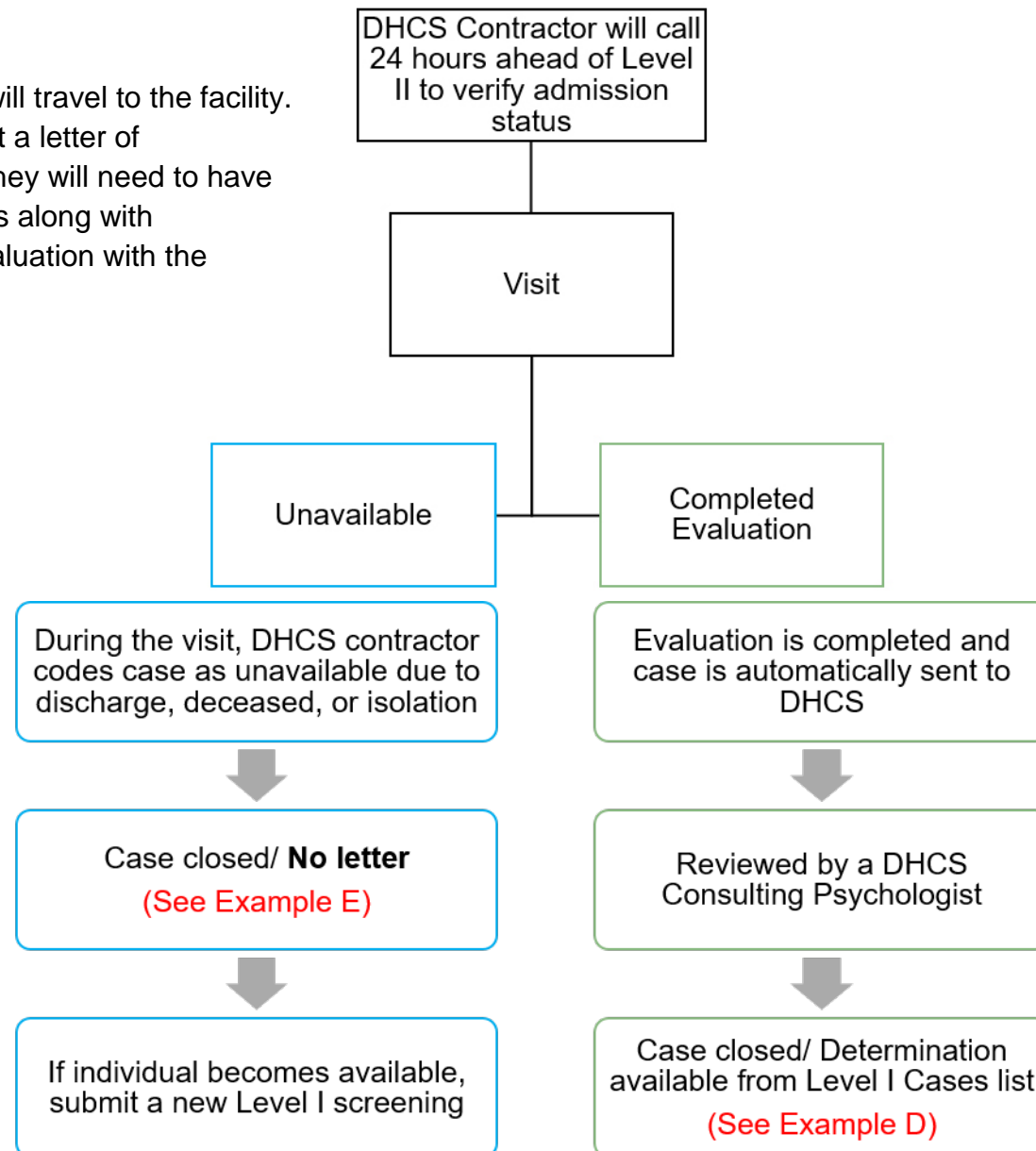
# Positive Level I

Positive Level I screenings are automatically sent to the DHCS contractor for review and processing. The current DHCS contractor is Maximus Health Services, Inc. When they call to schedule the Level II, they will be asking questions containing PHI to determine if an evaluation is deemed necessary.

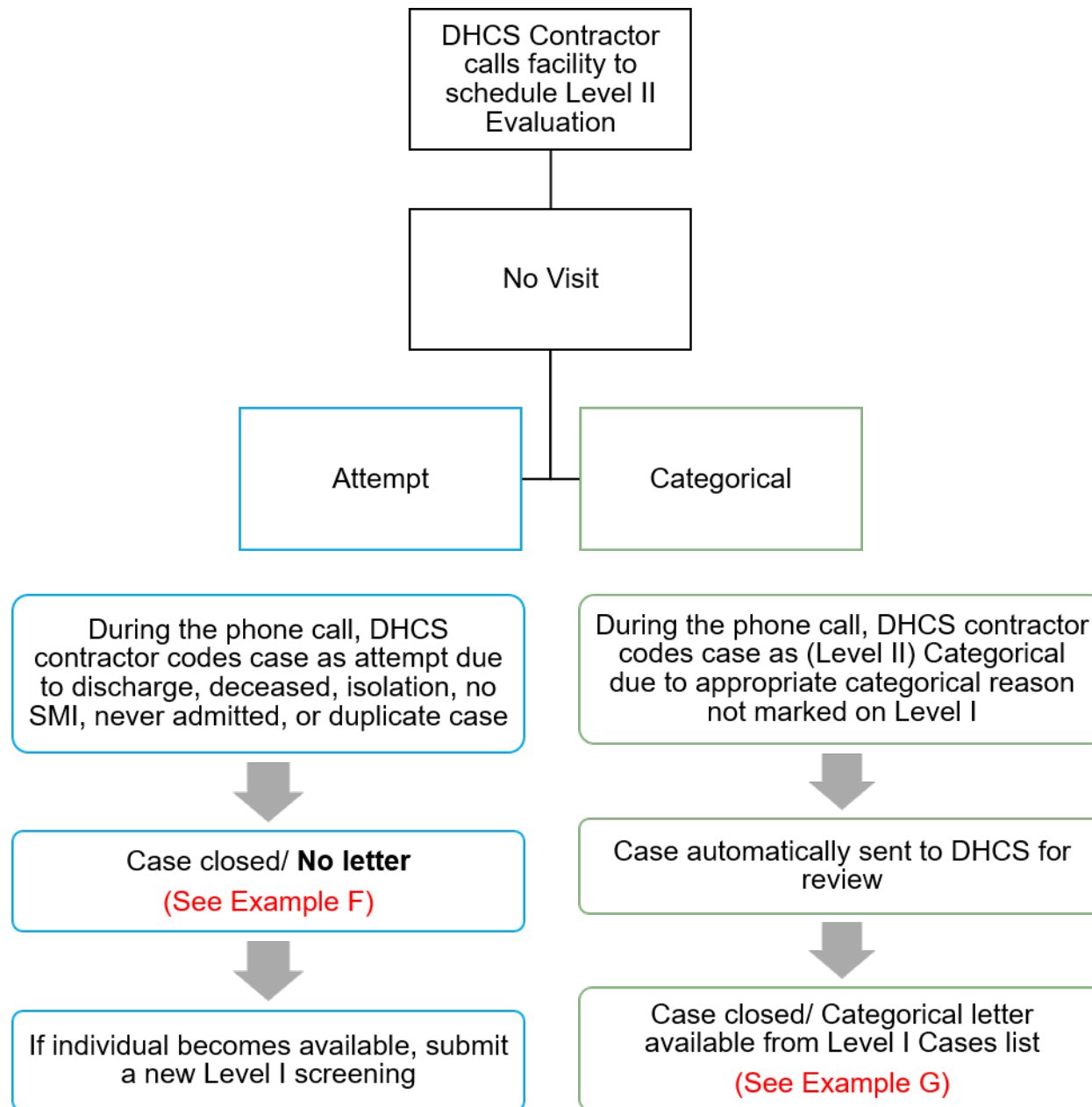


# Visit

During a visit, the evaluator will travel to the facility. Upon arrival, they will present a letter of introduction and ID badge. They will need to have access to the medical records along with conducting a face-to-face evaluation with the individual.



# No Visit



# Appeals

## Request for Reconsideration

If the resident, facility, and/or Conservator disagrees with the DHCS Level II Determination, please submit a PASRR Request for Reconsideration. The Reconsideration form is located on the DHCS PASRR website:

[https://www.dhcs.ca.gov/services/MH/Pages/PASRR\\_reconsideration.aspx](https://www.dhcs.ca.gov/services/MH/Pages/PASRR_reconsideration.aspx)

Please send the completed form and Determination letter to DHCS.

### Mail:

Department of Health Care Services  
Clinical Assurance and Administrative Support Division  
PASRR Section  
PO Box 997419 MS 4506 Sacramento CA 95899-7419

**Fax:** (916) 319-0980

When DHCS receives the Reconsideration Request, clinical staff will review the case, resulting in modified recommendation(s) or no changes to the original Determination.

## Request a State Hearing

If still dissatisfied with the reconsideration process, a State hearing may be requested from the California Department of Social Services (CDSS).

### Mail:

Department of Social Services  
State Fair Hearing Division  
P.O. Box 944243  
Mail Station 9-17-37  
Sacramento, CA 94244-2430

**Phone:** 1-800-952-5253

# Contact

## DHCS

For PASRR service requests/questions, please contact DHCS IT Service Desk.

**Email:** [ITServiceDesk@dhcs.ca.gov](mailto:ITServiceDesk@dhcs.ca.gov)

**Phone:** (916) 440-7000 and select option 1

Support is available Monday through Friday from 7:00am – 5:00pm. Requests will not be processed after business hours, weekends, or state holidays. DHCS IT Service Desk will create a work order ticket for your request.

## Field Office/TAR

For questions related to TAR submissions, please contact the TAR Office.

**Phone:** 1 (800) 541-5555

## DDS

For questions related to ID/DD/RC Level II evaluations/determinations, please contact DDS.

**Phone:** (916) 654-2300

**Fax:** (916) 654-3256